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NAME:	FACSIMILE NO.	TELEPHONE NO.
Commissioner for Patents Examiner M. Kremer Art Unit 3736	703-872-9306	

FROM: Stephen C. Beuerle**RE: Application No. 10/824,214
Our Ref. OCULIR04****CC:****MESSAGE:**

Please find attached: (1) Transmittal form; (2) Fee Transmittal; and (3) Amendment with certificate of transmission

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PTO/SB/21 (09-04)

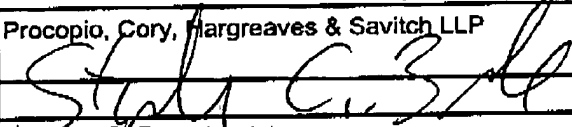
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/824,214
	Filing Date	04/14/2004
	First Named Inventor	John F. Burd
	Art Unit	3736
	Examiner Name	Matthew J. Kremer
Total Number of Pages in This Submission	Attorney Docket Number	OCULIR04

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Procopio, Cory, Hargreaves & Savitch LLP		
Signature			
Printed name	Stephen O. Beuerle		
Date	12/28/04	Reg. No.	38,380

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature		
Typed or printed name	Shari Herron	Date
		12/28/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete If Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/824,214
		Filing Date	04/14/2004
		First Named Inventor	John F. Burd
		Examiner Name	Matthew J. Kremer
		Art Unit	3736
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	OCULIR04

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 50-2075 Deposit Account Name: Procopio, Cory, Hargreaves & Savitch LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY		Registration No. 38,380	Telephone 619-238-1900
Signature		(Attorney/Agent)	
Name (Print/Type)	Stephen C. Beuerle	Date	12/28/04

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DEC 28 2004

Serial No. 10/824,214
28 December 2004 Reply to
23 December 2004 Office Action

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Burd, et al.

Serial No.: 10/824,214

Filed: April 14, 2004

For: METHODS FOR NON-INVASIVE
ANALYTE MEASUREMENT FROM
THE CONJUNCTIVA

Group Art Unit: 3736

Examiner: M. Kremer

Attorney No.:
OCULIR04

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated December 23, 2004, reconsideration and allowance of the present application is respectfully requested in view of the following Amendments and Remarks, where:

Amendments to the Claims begin on page 2 of this paper; and

Remarks begin on page 4 of this paper.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO, fax. Number 703-872-9306 on the date shown below.

12/28/04

Shari Herron
Printed Name

Shari Herron
Signature of Person Faxing Papers

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